

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FD-679)							SERIAL NO.	FILING DATE				
							APPLICANT'S					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
6							67					
7							68					
8							69					
9							70					
10							71					
11							72					
12							73					
13							74					
14							75					
15							76					
16							77					
16							78					
17							79					
18							80					
19							81					
20							82					
21							83					
22							84					
23							85					
24							86					
25							87					
26							88					
27							89					
28							90					
29							91					
30							92					
31							93					
32							94					
33							95					
34							96					
35							97					
36							98					
37							99					
38							100					
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL NO.	4						TOTAL NO.					
TOTAL DEF.	21						TOTAL DEF.					
TOTAL	25						TOTAL					